

PSJ19 Walmart Opp Exh 14 – PKY180794346

Bob Dufour
ph: 501-273-4071
Walmart

Abby
ph: 501-273-6874
1996 SYMPOSIUM INFORMATION SHEET

Tracking #: 136

SOCIETY NAME: Walmart Pharmacy Services

CONFERENCE TITLE: New Trends for the Use of Opioids in Pain Management

CONFERENCE DATES: Tuesday, July 9, 1996

CITY, STATE: Bentonville, AR

HOTEL/HOSPITAL: Walmart Pharmacy Services

CONTACT: Name: Robert L. Lantos Phone: 718-488-1065
Addr.: Arnold & Marie Schwartz College of Pharmacy
and Health Sciences, 75 Dekalb at University Plaza
Brooklyn, NY 11201

PROGRAM: Spkr: Pain Management

Hank Freedy, PharmD
Neil Irick, MD

EXPECTED ATTENDANCE: 2125 Stones 500- view
200-300 Live 600 (successful)

TYPE OF AUDIENCE: Pharmacists

REP/DM TO COVER MEETING: \$8500 Admin Fee Paid 5/31
\$1500 Consult. Fee Paid 5/31

SOCIETY:	
Follow Up with Society _____ (Confirmation Letter/CVs)	Ed Grant: Rec'd: 6/10 \$20,000 Spkr Dir: _____ Paid: _____ Pd 1st 6/11 Pd 2nd 6/17
Society Letter of Agreement	Sent: 5/1 Rec'd: 5/9
SPEAKERS:	
Speaker Confirm.: Sent: 5/10	Hank Freedy, PharmD \$1,000 Rec'd: 7/16 Paid: 7/18 Neil Irick, MD \$1,000 Rec'd: 7/16 Paid: 7/18
FIELD FORCE:	
DM Memo Re Exhibit/Rep to Cover	Sent: VM:
Rep Memo-Exhibit/Eval. Form Exhibit Package Questionnaire	Sent: Rec'd: F/U:
PRODUCT:	DATE FILED:

8102697818
PDD1701576981

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180794346

WAL★MART PHARMACY DIVISION

PROFESSIONAL SERVICES

Bentonville, AR

INVOICE

TO: Christine DiDominico
Medical Education
Purdue Frederick
100 Connecticut Avenue
Norwalk, CT 06850-3590

FROM: Abby Cole
Professional Services Coordinator
Wal-Mart Pharmacy Division

SUBJECT: CE Satellite Program

DATE: 6/5/96

<u>Date</u>	<u>Description</u>
07/09/96	New Trends for the Use of Opioids in Pain Management

Total Due
\$10,000

V. DiDominico 6/10/96

Please issue a check for an unrestricted educational grant to Wal-Mart Pharmacy for the support of the above program.

Please make check payable to Wal-Mart Pharmacy Division and mail to :

Wal-Mart Pharmacy Division
Professional Services
Attn: Abby Cole
702 S.W. 8th Street
Bentonville, AR 72716-8037

If you questions or require additional information please contact me at (501)273-6874.

ceems

*Date rec Acct: 6/11/96
Requested by: Christine DiDominico
Description: Walmar fee, 7/9, 1st installment
General ledger: 67120-4800 OXY PP/209*

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PKY180794347

WAL★MART PHARMACY DIVISION
PROFESSIONAL SERVICES
Bentonville, AR

INVOICE

TO: Christine DiDominico
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Purdue Frederick
100 Connecticut Avenue
Norwalk, CT 06850-3590

FROM: Abby Cole
Professional Services Coordinator
Wal-Mart Pharmacy Division

SUBJECT: CE Satellite Program

DATE: 6/5/96

<u>Date</u>	<u>Description</u>
07/09/96	New Trends for the Use of Opioids in Pain Management

Total Due
\$10,000

*Ch. DiDomenico
6/14/96*

Please issue a check for an unrestricted educational grant to Wal-Mart Pharmacy for the support of the above program.

Please make check payable to Wal-Mart Pharmacy Division and mail to :

Wal-Mart Pharmacy Division
Professional Services
Attn: Abby Cole
702 S.W. 8th Street
Bentonville, AR 72716-8037

If you questions or require additional information please contact me at
(501)273-6874.

ceems

*Date to Acct: 6/17/96
Requested by: Christine DiDomenico
Description: 2nd Installment walmart Fee, 7/9
General Ledger: 67120 - 4800 OXY PP/209*

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PDD1701576983

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PKY180794348

~~Jennifer Harris~~ lobby
 Sec. Professional Svcs.
 ph: 501-273-6874

Date of Conference: Tues., July 9
 Society: Walmart
 Contact: Bob Dufore
 Title/Department: Dir. Professional Svcs.
 Address: 701 SW 8th St

City: Bentonville State: AR Zip: 72716
 Phone: 501-273-6874 Fax: _____

Title of Conference: _____
 Conference Location: Walmart Headquarters
 Address: _____
 City/State: Bentonville, AR

Date: _____ Time: 6:30p Estimated Audience: _____
 _____ 2hr Doctors: _____
 _____ Nurses: _____
 _____ Others: _____

only 1 speaker

(that
yes)

Speakers: Stephen Long (Sara) Topic: Pain mgmt
 Phone: 804-828-7246

no
var following
wk. Sat

Michael Levy
 Phone: 215-728-3437

\$
yes

Hank Freedy
 Phone: 412-232-8111

\$
yes

Narcessian
 Phone: _____

Pharm mgmt of Pain

Have the speakers been contacted? _____
 Will there be other speakers? _____

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PKY180794349

Disperse Money:

PF pay speakers directly on behalf of organization? _____

PF pay educational grant to organization? _____

TIN: _____

Check Payable: _____

Mailing Address: _____

Exhibiting:

Is there an opportunity to exhibit? _____

Is there an additional cost to exhibit? _____

If so, will it be discounted due to exhibiting? _____

Miscellaneous:

1. Confirm all information received from the field force.

2. Is the society charging a registration fee to offset the cost of F&B?

If the society is expecting PF to pay for F&B, tell them that PF does not normally pay for F&B as they are sponsoring the speakers - need HL's approval.)

3. Is the society giving CEU? PF can not assist.

3/25 - 41m Bob to call
3/25 - 41m Lantos to call
3/25 - 41m Long - avail.
3/27 - 41m Long - avail.
4/9 - 41m Long - avail
4/9 - 41m Freedy - avail
4/9 - Long not avail
4/9 - 41m Levy - avail
4/9 - Levy not avail
4/11 - 41m Macessian - avail

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PKY180794350

1/96

**THE PURDUE FREDERICK COMPANY – MEDICAL EDUCATION DEPARTMENT
SPEAKER CONFIRMATION AND FOLLOW-UP FORM**

May 10, 1996

Organization: Walmart Pharmacy Services Contact: Bob DuFour
 Location of Meeting: Walmart Pharmacy Services Contact Phone: 501-273-4071
 City/State: Walmart Pharmacy Services in Bentonville, AR
 Conference Date(s): Tuesday, July 9, 1996 (6:30pm - 8:30pm)
 Topic (requested): Pain Control, Shifting the Paradigm (7:20pm - 8:00pm)

LECTURE CONFIRMATION INFORMATION:

Neil Irick, MD
 Pain Resource Center, 2020 W. 86th Street, Suite 310
 Indianapolis, IN 46260

PROGRAM ASSESSMENT BY SPEAKER (Form to be completed by speaker post lecture and returned in enclosed envelope):

Topic (presented): _____

Audience: Size _____ Reaction: _____ Knowledge of Topic _____

In a few words, please give us your overall impression of the program: _____

FINANCIAL SUPPORT INFORMATION:

Type (as directed by Provider): ☒ (X) Direct to Speaker; ☐ () Provider to Reimburse Speaker
 Travel Agency Arrangements: ☒ (X) Arranged through PF (**Only arrangements made through Wagonlit Travel will be covered (phone: 800-745-3210)**)
☐ () Not Covered by PF ☐ () Arranged Through Provider

Hotel covered for _____ night(s)

Honarium: \$1,000 (1099)

Total Expenses: <u>\$</u> _____ (Bypass 1099)	Mileage (\$.22/mile) _____
	Tolls/Parking _____
	Hotel _____
	Meals _____
	Other _____

Grand Total \$ _____**PLEASE ATTACH RECEIPTS****CHECK INFORMATION:**

Payable: Neil Irick, MD SS# or Tax Id # _____
 Send: Pain Resource Center, 2020 W. 86th Street, Suite 310
Indianapolis, IN 46260

Signed (speaker): _____ Date: _____

If you have any questions, please call Christine DiDomenico at Purdue Frederick (203) 854-7242

(For PF Office Use Only) Date to Accounting Department _____

Requested By: <u>Christine DiDomenico</u>	Description: _____
General Ledger No. <u>67120-4800</u> <u>OXY</u>	PP/0209 (<input checked="" type="checkbox"/>) _____ PF/0101 (<input type="checkbox"/>) _____
Approved by: _____	Med Ed Use _____

8102697824
 PDD1701576987

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180794352

1/96

THE PURDUE FREDERICK COMPANY – MEDICAL EDUCATION DEPARTMENT
SPEAKER CONFIRMATION AND FOLLOW-UP FORM

May 10, 1996

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Neil Irick, MD
 Pain Resource Center, 2020 W. 86th Street, Suite 310
 Indianapolis, IN 46260

 PROGRAM ASSESSMENT BY SPEAKER (Form to be completed by speaker post lecture and returned in enclosed envelope):

Topic (presented): Same
 Audience: Size 20 Reaction: ? Knowledge of Topic ?
 In a few words, please give us your overall impression of the program: Superb way to impact as many people as possible with one lecture in one site. Can we do this in other retailers?

FINANCIAL SUPPORT INFORMATION:

Type (as directed by Provider): ☒ (X) Direct to Speaker; ☐ () Provider to Reimburse Speaker
 Travel Agency Arrangements: ☒ (X) Arranged through PF (Only arrangements made through Wagonlit Travel will be covered (phone: 800-745-3210)
☐ () Not Covered by PF ☐ () Arranged Through Provider

Hotel covered for _____ night(s)

Honorarium: \$1,000 (1099)

Total Expenses: \$ 119.52 (Bypass 1099)

Mileage (\$.22/mile)

Tolls/Parking

Hotel

Meals

Other Car Rental

15

58.52

45.95

Grand Total \$119.52

PLEASE ATTACH RECEIPTS

CHECK INFORMATION:

Payable: Neil Irick, MD SS# or Tax Id # 35-1534015
 Send: Pain Resource Center, ~~2020 W. 86th Street, Suite 310~~
 Indianapolis, IN 46260 9240 N. Meridian, Ste 340

Signed (speaker): Neil Irick MD Date: 07/29/96

If you have any questions, please call Christine DiDomenico at Purdue Frederick (203) 854-7242

 (For PF Office Use Only) Date to Accounting Department 7/17/96

Requested By: Christine DiDomenico

General Ledger No. 67120-4800

OXY

Approved by: [Signature]

Description: Walmart, 7/9, Irick

PP/0209 (X)

PF/0101 ()

Med Ed Use

8102697825
 PDD1701576988

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PKY180794353

